

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155209		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/26/2011	
NAME OF PROVIDER OR SUPPLIER WATERS OF CLIFTY FALLS, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 950 CROSS AVE MADISON, IN47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/26/11</p> <p>Facility Number: 000116 Provider Number: 155209 AIM Number: 100266330</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Waters of Clifty Falls was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and single station smoke detection in all resident sleeping rooms. The facility has</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0038 SS=F	<p>a capacity of 138 and had a census of 88 at the time of this visit.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/28/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure 6 of 7 exit accesses supplied with delayed egress locks unlocked upon activation of the fire alarm system. 7.2.1.6.1, requires approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or</p>			K0038	<p>Preparation and/or execution of this Plan of Correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. K-038 It is the intent of this facility to insure that 6 of 7 exit accesses supplied with delayed egress locks unlock upon activation of the fire alarm system. A. Corrective Action Taken: 1. A licensed contractor has repaired all exits to unlock upon activation of the fire alarm system to meet set standards. B. Others Identified: 1. All emergency exits throughout the facility were checked to insure they unlock</p>		09/27/2011

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	<p>activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) On the door adjacent to the releasing device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p>				<p>upon activation of the fire alarm system. C. Measures Taken:1. The Maintenance Supervisor/designee will audit all emergency exits to insure they unlock upon activation of the fire alarm system during monthly fire drills. D. How Monitored: 1. The CEO/designee will review the results of the monthly audits at the quarterly QA & A Committee meetings. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, our date of completion is 9/27/2011.</p>		

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	<p>Based on observations on 09/26/11 during a test of the fire alarm system at 1:00 p.m. with the maintenance supervisor, the Administration Hall exit by the copier machine, the main dining room exit, the 200 Hall south exit, the 200 Hall north exit, the 300 Hall therapy exit, and the 100 Hall east exit each were each equipped with delayed egress locks. Furthermore, the six exit doors failed to unlock during two separate tests of the fire alarm system on 09/26/11 at 1:00 p.m. and 1:15 p.m. The six exit doors failing to unlock upon activation of the fire alarm system was verified by the maintenance supervisor at the time of fire alarm system testing and acknowledged by the administrator at the 09/26/11, 1:30 p.m. exit conference.</p> <p>3.1-19(b)</p>						